

EXHIBIT 2

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1717 W Maud St
Poplar Bluff, MO 63901



Invoice

71993 - SHILOH HEALTH AND REHAB
1092 W STULTZ RD
SPRINGDALE, AR 72764

Invoice 10148936 LAB MED-A PAYER
Balance \$1,843.73 Make check payable to Gamma HealthCare, Inc
Date 03/03/2020

REDACTED

PATIENT A

Accession	Date Of Service	Procedure	Description	Charge
R20039001696	02/08/2020	87086 X 1	292MOD - CULTURE, URINE DONE FROM 292SCR	\$5.65
		81007 X 1	292SCR - BACTERIOSCAN	\$20.99
R20039001697	02/08/2020	81001 X 1	10261 - URINALYSIS, COMPLETE	\$2.22
Total				\$28.86

REDACTED

6091- 1,843.73



OK TO PAY

L Rodriguez

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PATIENT B

Accession	Date Of Service	Procedure	Description	Charge
R20036006724	02/04/2020	81001 X 1	10261R - URINALYSIS, COMPLETE W/R TO CU	\$2.22
R20036006965	02/04/2020	81007 X 1	292SCR - BACTERIOSCAN	\$20.99
R20036006967	02/04/2020	87086 X 1	292MOD - CULTURE, URINE DONE FROM 292SCR	\$5.65
		87077 X 1	4010 - BACTERIAL ID	\$5.66
R20037008609	02/04/2020	87798 X 13	292PCR-C1 - UTI PANEL BY PCR- C1	\$319.33
		87481 X 1	292PCR-C2 - UTI PANEL BY PCR- C2	\$24.56
		87500 X 1	292PCR-C3 - UTI PANEL BY PCR- C3	\$24.56
		87641 X 1	292PCR-C4 - UTI PANEL BY PCR- C4	\$24.56
		87651 X 1	292PCR-C5 - UTI PANEL BY PCR- C5	\$24.56
R20034006740	02/06/2020	85025 X 1	200 - CBC /AUTO DIFF	\$5.44
		G0471 X 1	335 - DRAWING FEE	\$3.50
		P9603 X 4	9004 - TRAVEL FEE 4 MILES	\$7.00
Total				\$468.03

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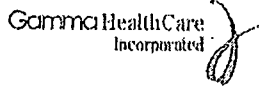
Invoice

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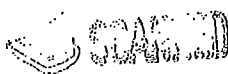
1717 W Maud St
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71993 - SHILOH HEALTH AND REHAB
1092 W STULTZ RD
SPRINGDALE, AR 72764

Invoice 10198003 LAB CLIENT PAYER
Balance \$5.00 Make check payable to Gamma HealthCare, Inc
Date 03/03/2020

Accession	Date Of Service	Procedure	Description	Charge
AMF	02/29/2020	X 1	636 - INFECTION CONTROL REPORT	\$5.00
, Total				\$5.00
				6091



OK TO PAY

A handwritten signature in cursive script, appearing to read "L. Rodriguez".

L Rodriguez